

November 24, 1999

## ENTRY OF CANCEL/DECLINE ENROLLMENT REQUEST

**1. PURPOSE:** This Veterans Health Administration (VHA) directive describes the policy, procedures, and requirements for processing any request from a veteran to cancel or decline enrollment in the Department of Veterans Affairs (VA) Health Care System.

**2. BACKGROUND:** Enrollment procedures previously allowed the site to cancel/decline a veteran's enrollment. A review of this information has determined that numerous entries are erroneous. The procedure has changed, and the Health Eligibility Center (HEC) must determine the status of "Cancel/Decline."

**3. POLICY:** As a part of Public Law 104-262, The Veterans Eligibility Reform Act of 1996, veterans may cancel or decline enrollment at any time. Veterans who cancel/decline enrollment (other than those veterans who are not required to enroll) will not be eligible for treatment at any VA medical facility. However, veterans who cancel or decline enrollment may reapply.

### 4. ACTION

a. The following veterans do not have to be enrolled to receive treatment at VA medical care facilities:

- (1) Veterans with service-connected disabilities rated 50 percent or more for any medical condition.
- (2) Veterans requiring treatment for a service-connected condition.
- (3) Veterans requiring treatment for a condition related to exposure to herbicides, ionizing radiation and/or environmental contaminants, and treatment of military sexual trauma.
- (4) Veterans reporting for purposes of a Compensation and Pension (C&P) Examination.
- (5) Veterans requiring treatment for a condition for veterans authorized by VA Vocational Rehabilitation.
- (6). Veterans provided treatment under authorities other than 38 United States Codes (U.S.C.) 1710.

b. Because of numerous entries in the cancel/decline options within Veterans Health Information Systems and Technology Architecture (VistA) that have been determined to be erroneous, a decision was made that the medical facilities should obtain a signed form from each veteran when the veteran requests to cancel or decline VA Health Care System enrollment. The functionality within VistA has been changed to accommodate the following process:

- (1) After the user has answered yes to the prompt, "Do you wish to cease enrollment in the VA Patient Enrollment System," the following prompts have been added:

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(a) If you elect to use this option, the veteran will be declining enrollment/health care at ALL VA facilities. Are you sure this is what the veteran wants to do?

(b) There will not be a default response. The user is required to enter Yes or No.

(c) Prompt for the date the veteran requests to cancel/decline. **NOTE:** *The previous prompt "Effective Date of Cancellation" has been re-worded to state "Date Veteran Requests Cancellation."*

(2) Prompt for a narrative reason the veteran wishes to cancel/decline. This includes the following and also allows for additional information to be provided by the veteran if "Other" is selected.

(a) Distance to VA/transportation problems.

(b) VA copayments are too high.

(c) It takes too long to get an appointment.

(d) I am dissatisfied with VA care.

(e) I prefer to see a private physician.

(f) Other (**NOTE:** *Medical facility must enter reason as provided by the veteran and does not fit one of the above definitions.*)

(3) Completion of the Cancelled/Declined Statement.

(a) Each medical facility should print a supply of the attached information on VA Form 119, Report of Contact. This form must be signed by the veteran and faxed to the HEC. The HEC is responsible for assigning the appropriate enrollment status, and sending the enrollment information back to the VAMCs of record. If the veteran's signature is not on the form, the HEC will take no action on the request. At a later time a form will be programmed into the VistA system and the overprint on the VA Form 119 will no longer be required.

(b) The following statement is included on the form: "I (blank space for veteran's name), do not wish to be enrolled in the VA Health Care System at this time for the following reason: (Reason the veteran wishes to cancel/decline)." If "Other" is selected, the narrative reason must be included.

(c) Reason the veteran wishes to cancel/decline. If Other was selected, the narrative reason must be included.

(d) The following statement must be included on the form:

"I understand that most veterans must be enrolled to receive VA Health Care services and that I can apply for enrollment at any time. I understand that I am declining enrollment in the VA Health Care System and will not receive treatment at any VA medical facility, unless I am enrolled in the health care program."

(e) The fax number for HEC should be included on the form: (404) 235-1355.



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(f) The veteran's name is repeated at the bottom of the form. There must be space for the veteran to sign the form.

(g) The date the veteran requested the cancel/decline status must be entered on the form.

c. The re-enrollment software was released in August 1999 and the Cease Enrollment functionality, as well as the functionality in registration that allows the sites to enter a Cancel/Decline, was disabled. By disabling this functionality, the CANCEL/DECLINE enrollment status will no longer be transmitted automatically to the HEC. All medical facilities are required to print the attached forms. The veteran must sign the form, and the form will be faxed to the HEC at 404-235-1355.

d. Functionality to automate the process of capturing the narrative reason a veteran wishes to cancel/decline and trigger printing of the form will be released in a future enhancement to the enrollment software. This will include the HEC's ability to enter the Cancel/Decline data and transmit this information to all medical facilities where the veteran has received treatment.

**5. FOLLOW-UP RESPONSIBILITY:** The Director, Health Administration Service (10C3), is responsible for the contents of this Directive.

**6. RESCISSIONS:** None. This VHA Directive expires November 24, 2004.

S/ by Frances Murphy, M.D. for  
Thomas Garthwaite, M.D.  
Acting Under Secretary for Health

**Attachment**

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ATTACHMENT A

CANCELLED/DECLINED STATEMENT

I, \_\_\_\_\_, do not want to be enrolled in the VA Health Care System at this time for the following reason:

\_\_\_\_\_ Distance to VA / transportation problems.

\_\_\_\_\_ VA copayments are too high.

\_\_\_\_\_ It takes too long to get an appointment.

\_\_\_\_\_ I am dissatisfied with VA care.

\_\_\_\_\_ I prefer to see a private physician.

\_\_\_\_\_ Other, please explain. \_\_\_\_\_

\_\_\_\_\_

I understand that most veterans must be enrolled to receive VA Health Care services and that I am declining enrollment at this time. I also understand that I will not receive treatment at any VA medical facility unless I am enrolled in the health care program, and that I may reapply for enrollment at any time.

\_\_\_\_\_  
Name of Veteran

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veteran's Social Security Number

**(Note: Print on VA Form 119, Report of Contact until programming accomplished)**

**This form is to be faxed to the Health Eligibility Center at 404-235-1355.**